Effective October 1, 2000 07 / 768 749												19
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
то	TAL CLAIMS	-	82					RATE	FEE]	RATE	FEE
FO	R Marina Marina (Marina)	a device .	NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE, CLAIMS			82 minus 20= * ()			2		X\$ 9=	53%	ÓR	X\$18=	17.0%
INDEPENDENT CLAIMS minus 3 = 3								X40=	12/	OR	X80=	*********
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	100	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	1033	OR	TOTAL	
CLAIMS AS AMENDED - PART II										OTHER THAN		
		olumn 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
ENT A	, RE	CLAIMS MAINING AFTER ENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
MON	Total ***	MARCH.	Minus			= 7.6√3.000		X\$ 9=	1713.49	OR	÷X\$18=	1000 Y
AMENDMENT	Independent	A MANAGE	Minus [,]		- 1 1.	à		X40=	We A.	OR	X80=	建物
	FIRST PRESENTAT	ION OF MU	JLTIPLE DE	PENDEN'	TCLAIM			+135=		OR	+270=	
							,	TOTAL			TOTAL	١.
-	(C	olumn 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		,	ADDIT. FEE	
ENT B	× RE	CLAIMS MAINING AFTER ENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	Sept.	Minus	***		=		X\$ 9=	1 × 5 /256.5	OR	X\$18=	THE RESERVE
			Minus	***	Lina bayarı arı	=	蒸	X40=		OR:	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY								+135=		OR	+270=	
Belging the wild the state of t								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
3 61		olumn 1)		(Colu	mn 2)	(Column 3)		ADDIT:1 EE				13.00 KY
ENTC	RE	CLAIMS EMAINING AFTER ENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	is also s	Minus	**	•	=		X\$ 9=	Series of	OR	√X\$18=⊹	MADE:N
AMENDMENT	a a la constitución de la lación	rión of M	Minus	***	T OL 6114			X40=		OR	- X80 <u>≐</u> ¥-	*******
	FIRST PRESENTAT	34 CO. N. 1. 34 . 1. 14	ULTIPLE DE	PENUEN	I CLAIM		J	+135=		OR	+270=	
·	If the entry in column 1 i	is less than ti Previously Pa	he entry in col	umn 2, writ IS SPACF	te "0" in co	olumn 3. an 20, enter "20.	."	TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number